DOCUMENT RESUME

ED 435 011 CE 079 197

TITLE	Health Promotion and Health Education for Adults. Adult Learning in the Context of Environment, Health and Population. A Series of 29 Booklets Documenting Workshops Held at the Fifth International Conference on Adult Education (Hamburg, Germany, July 14-18, 1997).
INSTITUTION	United Nations Educational, Scientific, and Cultural Organization, Hamburg (Germany). Inst. for Education.
ISBN	ISBN-92-82010-89-9
PUB DATE	1999-00-00
NOTE	16p.; For other booklets in this series, see CE 079 179-206.
AVAILABLE FROM	For full text: <http://www.education.unesco.org/uie>.
PUB TYPE	Collected Works - Proceedings (021)
EDRS PRICE	MF01/PC01 Plus Postage.
DESCRIPTORS	*Adult Education; *Adult Learning; Adult Programs; Community Action; *Cooperative Programs; Educational Opportunities; Foreign Countries; *Health Education; Health Programs; *Health Promotion
IDENTIFIERS	Bolivia; Germany; Nepal

ABSTRACT

This booklet addresses the growing importance of health in adult learning and the interest in joint action. Section 1 describes the context, one in which substantial, but unevenly spread, progress has been made in improving global health. Section 2 examines the social aspects of health and explains how what is defined as health or sickness depends not only on individuals and biological factors but on the social and cultural environment within which individuals live, work, and interact. Section 3 defines health promotion, which builds on a social and cultural understanding of health and illness, as the process of enabling people to increase control over their health through advocacy and intersectoral action; health education as a component of health promotion; and community action as a key component of health promotion policies. Section 4 discusses the closeness between health education and adult learning as reflected in the similarity of goals and principles that characterize both contemporary adult education and health promotion policies. Section 5 focuses on health as a basic human right. Section 6 defines health literacy. Section 7 describes projects in Nepal, Germany, and Bolivia that illustrate the links between health and adult education. Section 8 outlines policies and aims that adult education programs for health promotion should include. (YLB)

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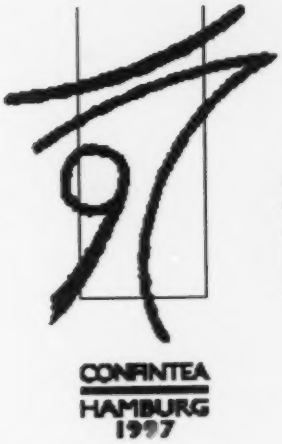

A series of 29 booklets documenting workshops held at the Fifth International Conference on Adult Education

6b Health education for adults

Health promotion and health education for adults

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Theme 6: Adult learning in the context of environment, health and population

Booklets under this theme:

6a Adult environmental education: awareness and environmental action

6b Health promotion and health education for adults

6c Adult education and population issues in the post-Cairo context

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ISBN 92 820 10 89-9
Design by Matthew Partridge, Hamburg
Printed by Druckerei Seemann, Hamburg
1999

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Foreword

In July 1997 the Fifth International Conference on Adult Education was held in Hamburg, organised by UNESCO and in particular the UNESCO Institute for Education, the agency's specialist centre on adult learning policy and research. Approximately 1500 delegates attended from all regions of the world, with representatives of 140 member states and some 400 NGOs. In addition to the work of the commissions and plenary which debated the official documents of the Conference The Hamburg Declaration and The Agenda for the Future, there were 33 workshops organised around the themes and sub-themes of the Conference.

As part of its CONFINTEA follow-up strategy, the UNESCO Institute for Education has produced this series of 29 booklets based on the presentations and discussions held during the Conference. The recordings of all the workshops were transcribed and synthesized over one year, edited, and then formatted and designed. A tremendous amount of work has gone into this process. Linda King, coordinator of the monitoring and information strategy for CONFINTEA, was responsible for overseeing the whole process. Madhu Singh, senior research specialist at UIE, undertook the mammoth task of writing almost all the booklets based on an analysis of the sessions. She was helped in the later stages by Gonzalo Retamal, Uta Papen and Linda King. Christopher McIntosh was technical editor, Matthew Partridge designed the layout and Janna Lowrey was both transcriber and translator.

The booklets are intended to draw out the central issues and concerns of each of the CONFINTEA workshops. They are the memory of an event that marked an important watershed in the field of adult learning. We hope that they will be of use both to those who were able to attend CONFINTEA V and those who were not. We look forward to your comments, feedback and continuing collaboration with the UNESCO Institute for Education.

Paul Bélanger,
Director, UNESCO Institute for Education, Hamburg
and Secretary General of CONFINTEA

Health promotion and health education for adults

Introduction

Health has always been an important topic in adult education. It features in the curriculum of many adult education as well as general education programmes. Health-related education projects offer courses on general health, nutrition, healthy lifestyle, as well as on specific diseases and their treatment.

Improving people's knowledge about health is a major component in many literacy and basic education programmes. Many of these programmes focus on women and include nutrition, hygiene and family planning. Health education is often combined with other measures to improve well-being and promote community development. Such programmes usually include micro-credits or skills training for income-generating activities. In addition to the structured learning opportunities in formal institutions, adults also learn about health in local self-help and community groups, at the workplace or in non-formal organisations. They also receive information about health informally from television or advertising, or from their parents and peers.

Education is a major determinant of health. It is well known that those who are most likely to suffer from ill health are not only the poorest, but also those with the lowest level of education. What is more, experience in both developing and developed countries shows that literacy and non-formal education programmes can lead to significant improvements in health and general well-being.

Although there have always been close links between health education and adult education, the relationship between the two has not always

been systematic. Recently, however, the two fields have been drawn more closely together. The concept of health education, which now embraces a wider notion of health promotion and a new emphasis on prevention, is increasingly focused on learning and empowerment. New methods of teaching in health education have gained ground in accordance with concepts of learning in adult education. Within adult education, the major changes reflect the recognition that adult education has high relevance to current societal issues. As a consequence, adult education is encompassing more and more factors and is increasingly taking a central role among diverse policy sectors – health being one of them.

As a result of these changes, new strategies have been developed in areas where health and adult education overlap. As new connections are forged, the need for a systematic approach to collaboration between the sectors is felt. The growing importance of health in adult learning and the interest in joint action is reflected by the fact that health education and health promotion were included for the first time in a UNESCO conference on adult education. The workshop clearly underlined the desire from both sides for greater co-operation.

The workshop, chaired by Mercedes Juarez, Royal Tropical Institute, Netherlands, featured the following speakers: Ilona Kickbusch, Division of Health Education and Promotion, WHO; Kris Heggenhougen from the Harvard Medical School, Chij Shrestha, World Education, Nepal; Gerlinde Zorzi, Volkshochschule Hamburg, Germany.

The context

Since the Alma-Ata Declaration on Primary Health Care (1978) and the Ottawa Charter for Health Promotion (Ottawa 1986), which identified the essential role of health education, substantial progress has been made in improving global health. Infectious diseases and infant mortality have declined. More people are better nourished. Access to clean water has increased and people are living longer than before.

But these gains have not been evenly spread. They have been accompanied by major setbacks for many sections of the population. The majority of the world's population still lives in poverty, with poor housing and sanitary conditions. Many people still have no access to basic health care. Despite progress in controlling certain diseases, many contagious diseases, such as malaria, are on the increase. At the same time new

epidemic diseases have emerged. There are vast inequalities in access to treatment of certain diseases, with drastic consequences for people with HIV/Aids in particular. In industrialised countries, increases in non-communicable diseases, such as cancer, as well as increases in chronic health problems, stress and drug abuse, have slowed progress towards the goal of "health for all". Developing countries are also experiencing an increase in lifestyle-related health problems, on top of their already high incidence of infectious diseases. Lifestyle-related diseases are responsible for 70-80% of deaths in developed countries and for about 40% in the developing world.

This situation not only demands sustained investment in public health infrastructure, but also necessitates new approaches to prevention and health promotion, these include providing access to health information, encouraging participation in the control of health measures, and supporting communities in the development of their own health systems. All these strategies rely heavily on adult learning.

However, despite the urgent need to develop such strategies and to continue the struggle for "health for all", there is an unwillingness to invest in public health infrastructure, basic health prevention services and education. In industrialised countries, health budgets are being cut significantly and health systems are becoming increasingly privatised, making access to health care more difficult for large sections of the population. In developing countries, the economic crises, structural adjustment programmes and a reduction of foreign aid have negatively affected health and education services.

The social aspects of health

"Health is essentially a social construct: it is created in the interaction between people and their environments in the process of everyday life: where people live, love, learn, work and play."
Ilona Kickbusch, Promoting Health Through Adult Learning.
CONFINTEA, Hamburg, 1997

What is defined as health or sickness, as well-being or disease, depends not only on individual and biological factors, but on the social and cultural environment within which we live, work and interact. Different cultures and sub-cultures have their own understanding of health and

sickness. Western biomedical science, although dominating much of diagnostic and therapeutic practice in many parts of the world, is not the only way to fight disease. Health education needs to take into account such different concepts and recognise different medical traditions and local ways of healing. Today, much adult education in the area of health emerges from a growing awareness of the limitations of allopathic medicine and an interest in alternative medicine. People no longer uncritically accept the dominance of one model and the role of the medical expert as the only provider of knowledge. Increasingly, they ask for information on specific diseases and want to be informed about different therapeutic options.

If health is a social construct and a social process, medical factors alone cannot explain what makes us sick or how we can be cured. The physical and social environment within which we live is equally, if not more, important. Basic requirements include access to clean water, housing and food. Other factors, such as economic resources, social situation and political participation are equally important.

It follows from the above that health problems cannot be solved by medical intervention or behavioural change alone. It is crucial that health education take into account the social, environmental and economic factors that determine people's health. Health education needs to enable people to change these conditions. In this view, health education is essentially a social and political process, and a central component of human development.

Health promotion

The concept of health promotion builds on a social and cultural understanding of health and illness. Health promotion is the process of enabling people to increase control over their health through advocacy and intersectoral action. Health promotion is a dynamic and evolving concept which involves people in the context of their everyday lives, e.g. home, school, workplace, etc., and promotes the achievement of the highest level of physical, mental and social well-being for all.

Health education can be understood as a component of health promotion. Health promotion and health education both aim at improving access to health-related information and services to give people more control over their own health and well-being. The knowledge referred

to here deals not only with the dissemination of simple health facts, but also other information and skills, such as negotiation and coping skills.

A key component of health promotion policies is community action. Local initiatives are supported through the provision of relevant knowledge, information and training. Recognising the role of environmental and social factors in achieving and maintaining health, community initiative often takes the form of advocacy or political action for creating an environment conducive to health. Such initiatives focus attention not only on models of disease or curative services, but on the social and institutional factors in everyday life.

Although community action implies that communities take on responsibility for their own health, this does not mean that attention is directed away from the political level and the professional health sector. Advocacy and lobbying for better health and more effective health policies is a major objective of health promotion. Public health education is the government's responsibility.

Health education and adult learning

Adult learning plays an important role in current health promotion strategies. At the same time adult educators increasingly recognise the importance of health, including environmental health. There is growing interest among adults to learn more about health issues and this trend is reflected in the growing number of programmes offered in this area.

The closeness between these fields is reflected in the similarity of goals and principles which characterise both contemporary adult education and health promotion policies. Both are being developed to empower people and encompass individual and societal change.

Just as adult education is a process of enabling people to improve their own living conditions and general welfare, including health status, so also is health education/promotion a process of enabling people to take control over their health.

Community participation and learner involvement are shared principles of health education and adult education. Both health educators and adult educators are aware of the importance of the community setting its own agenda. It is considered extremely important to build on local initiatives and people's own experience, e.g. by involving local health specialists and community committees. The role of the health

educator or the adult educator is to be a facilitator, a resource, a catalyst for action and sometimes a link for communities to approach other structures, such as government services.

Recent developments in both health and adult learning have brought the two sectors closer together. In the area of health, major changes in policy have been seen since the end of the 70s. The Primary Health Care (PHC) strategy based on the integration of social and economic development, requires community involvement and emphasises people's own capacity to make decisions and manage their health problems. In a similar way, adult education in the 70s and 80s developed towards its current focus on participatory learning which starts with people's own knowledge and experience, and puts control of learning into their own hands. Increased recognition of different forms of knowledge, including 'alternative' or local forms of healing, and a shift away from the expert or the teacher as the only provider of information, have a strong influence on teaching practice in both fields, health and adult education.

In the health sector, the change in the concept of health education and the emergence of the new health promotion strategy has been the most important development in adult learning. Health education has moved from a sole emphasis on transfer of information and individual life-style changes to health promotion that focuses more on the social, economic and environmental factors which are conducive to healthy lifestyles and self-reliance.

With the emergence of this new social understanding of health, adult learning has become increasingly important in health policies. Health professionals and health educators today acknowledge the relevance and usefulness of the methods and strategies developed by the adult education profession.

Health as a basic human right

Like education, health is a basic human right. It is also a prerequisite for the full enjoyment of all other human rights. Respecting this principle requires that national and international human rights instruments be adopted and applied.

> The States parties to the present Covenant recognise the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. The steps to be taken by the States Parties to the present Covenant to achieve the full realisation of this shall include those necessary for the provision for the reduction of the still-birth-rate and of infant mortality and for healthy development of a child; the improvement of all aspects of environmental and industrial hygiene; the prevention, treatment and control of epidemic, endemic, occupational and other diseases; the creation of conditions which would assure to all, medical service and medical attention in the event of sickness.
>
> (Article 12, International Covenant on Economic, Social and Cultural Rights. Adopted by the General Assembly resolution of 16 of December 1966)

Health literacy

"Health literacy" implies confidence in making one's own decisions relating to health. Health literacy includes knowledge and skills needed to participate in joint action for sustainable health in the family, as well as advocacy in local groups and community organisations.

Heath literacy implies more than the ability to read health information; it includes the capacity to use this information, thus turning it into knowledge. Better educated people have better access to information about HIV, its treatment and how it can be avoided. Making information and services available and improving health literacy are therefore crucial to any attempt to combat the disease.

The concept of a learning society implies a broad understanding of education: including non-formal, informal and self-directed learning in different places and settings. Learning about health is a process which can take place in a variety of ways over the course of one's life. As living conditions change and the body becomes older, risk factors keep changing. Thus the continuous need for new health knowledge.

In the field of health, knowledge is changing at a rapid pace. Access to relevant, up-to-date information is critical for informed decisions and choices. Health literacy also takes the form of advocacy. It is no longer

just the professional teaching the laity, rather patients and lay people can equally teach the professionals and decision-makers about their health needs.

The most effective education is in helping people to be more confident about their decisions and to widen choices. Being "health literate" includes being autonomous in everyday life, allowing people to be more confident.

Health literacy is a new concept. In order to further the idea as a tool for policy development, it is necessary to identify indicators for the health literacy of individuals and society. Strategies to increase health literacy need to be developed. This is an important area for collaboration between the two sectors.

Projects for adults

During the workshop many examples of education projects, from countries as diverse as Nepal, Germany and Bolivia, were reported and discussed to illustrate the links between health and adult education. All projects followed an interactive and participatory approach. Adult education was seen as a key element, enabling people to make informed choices and actively participate in improving health conditions at the individual and collective level.

Health education and adult literacy in Nepal

This initiative builds on collaborative work between five Nepali NGOs, a US-based NGO, and an international NGO, World Education. The project addresses neo-literate women in Nepal. It imparts literacy, numeracy and health education in the area of health, nutrition and family planning. Learning materials have been developed, taking into account the social and cultural environment of women. The texts are adapted to the literacy levels of women participating in the programme.

Many health education projects focus exclusively on women. Even programmes that are open to both genders have a majority of women participants. Many projects for women combine health education with

literacy and income-generation activities, taking into account the fact that women's poverty, lack of education and ill health are closely correlated.

In Bolivia, women have the right to health education. This helps them to learn more about their own health, reproductive rights and sexual health – all issues of immediate concern and relevance to women.

In a project developed in an adult education institution (Volkshochschule, Hamburg) the main concern was dieting and overweight. The project helps women to free themselves from societal expectations and male-dominated images of femininity.

Learning in settings, WHO

A major part of the World Health Organisation's (WHO) work in the area of health education and health promotion focuses on the idea of "settings for health".

This concept was based on the premise that people are most likely to be interested in organised learning when they can see the link between health programmes and daily life situations and circumstances which create or impede health. In fact if we look at these "settings" where learning about health is most likely to occur, then a range of new entry points for health promotion and health education can be identified. The concept is based on the assumption that all organisations and communities have a health development potential which can be fostered. Promoting health in settings combines health "learning for the individual" and "learning for the organisation". Through this process, individuals can increase their knowledge about health and well-being. A whole range of health promotion projects is being developed in different setting: in universities, villages, schools, work-places and hospitals.

The WHO "Health Cities Project" has already expanded into a large network of cities all over the world, to make big cities a better and healthier place for their inhabitants to live.

A new health policy

Collaboration between adult education and health education has always existed and there have been many joint projects, particularly at the community level. Yet, there is a need for more conscious partnership between the two.

We need to establish grounds for such collaboration. The concept of health promotion, with its focus on intersectoral activity and learner empowerment, provides the ideal umbrella for such policies. Health promotion needs education to be effective. Knowledge and skills are needed to enable people to participate actively in health promotion. Ability to participate means empowerment – the power of individuals, organisations and communities to support new approaches to health improvement.

Combined strategies – including education, training, advocacy and organisation building – are needed if real empowerment is to take place. To that end, adult and health educators should collaborate. Public and private partnerships are needed to complement these approaches.

Policies can be effective only if they are implemented at several levels and with the support and participation of stakeholders. The promotion of health at all levels – local, national and global – through an integrated approach is imperative. But the complex interactions and growing international interdependence of our world can also work against the creation of supportive environments for health.

If health promotion is to be understood as empowerment, then projects need to involve the critical examination of social, cultural organisational and environmental conditions and their effect on health and disease. This includes a careful analysis of changing health conditions and how they affect different sectors of the population.

Adult education programmes for health promotion should include the following policies and aims:

- protect the environment and ensure sustainable use of resources;
- put a limit on the production of inherently harmful goods and substances such as tobacco and armaments;
- discourage unhealthy marketing practices;
- safeguard individuals in the marketplace and the workplace;
- promote a dialogue between Western biomedical systems and other medical approaches;
- integrate equity-focused health impact assessments into policy development.

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Conclusion

The workshop was an important step towards the goal of combining health education and adult learning. There is both the need and potential for collaborative action at levels from the community to the international.

Education and public health share a vast range of interests, objectives and approaches. Experience in both areas shows that the most effective learning is that which starts from people's own concerns, builds on their own initiatives and brings them together for collaborative action. Understood in this way, participation is more than just assessing people's needs: it implies participation of communities in decision-making.

The right of individuals and communities to health education is well recognised. However the political reality in many countries is different. Health education and health promotion lack vital financial and political backing. Therefore, although appropriate declarations about the importance of health education are included in national and international policy documents, there is little real support for translating these statements into concrete action by governments and member countries.

The Hamburg Declaration includes the important formulation that "Health is a basic human right. Investments in education are investments in health. Lifelong learning can contribute substantially to the promotion of health and the prevention of disease. Adult education offers significant opportunities to provide relevant, equitable and sustainable access to health knowledge".

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The CONFINTEA logo, designed by Michael Smitheram of Australia, represents the lines on the palm of a hand. These lines are universal and yet different for each subject. They celebrate cultural diversity and the joy of learning.

Theme 6

Adult learning in the context of environment, health and population

Booklets under this theme:

a Adult environmental education: awareness and environmental action
b Health promotion and health education for adults
c Adult education and population issues in the post-Cairo context